

**CHAPTER 3**

**ANNEX 2**

**SAMPLE 60-DAY DELINQUENCY MEMORANDUM**

MEMORANDUM FOR (NAME OF CARDHOLDER'S IMMEDIATE SUPERVISOR)

SUBJECT: Delinquent Government Travel Charge Card Payment Notification - 60 Days

We have been informed by the GSA Government Travel Card contractor that (cardholder's name) is over 60 days delinquent in payment of his/her account. The total amount due is \$ \_\_\_\_\_. The account is subject to a \$29 late fee at the point the account becomes 75 days delinquent and additional \$29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide the specific information regarding the delinquent charges.)

★ The Government Travel Card contract requires that all outstanding charges be paid by the date specified on the billing statement. The Travel Card Contractor has suspended card privileges for this cardholder. The cardholder should be notified of this action and counseled concerning the use of the Government Travel Card. Cardholders on temporary duty more than 45 days are required to submit travel vouchers for payment every 30 days and maintain their travel card account in a current status. Split disbursement (where available) is highly encouraged.

Noncompliance, or failure to adhere to the guidelines for the Government Travel Card, may result in disciplinary action in accordance with applicable statutory and regulatory provisions and with the Multi-Unit Master Agreement for bargaining unit employees.

The delinquent balance may be resolved by one of the following actions: (1) payment in full, (2) a reasonable explanation documented and submitted to the contractor through the Program Coordinator, or (3) an agreed upon repayment schedule with the Travel Card Contractor. Billing questions may be directed to the Travel Card Contractor at the number printed on the billing statement for that purpose. Program management questions may be directed to (APC's name) at extension \_\_\_\_\_.

Please have the cardholder sign to acknowledge receipt of this delinquent notification and return it to me with your written response, outlining the actions taken, within 5 business days.

(Signature)  
Agency Program Coordinator

cc: Cardholder

Cardholder acknowledgement of memorandum receipt.

\_\_\_\_\_  
Name, Grade, Organization

\_\_\_\_\_  
Date